
YOUTH SUICIDE PREVENTION PLAN FOR WASHINGTON STATE

EXECUTIVE SUMMARY

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"I've been thinking about suicide for a long, long time and I've promised myself lots of times that I would really do it...I've even tried to, but I guess there is something inside of me that still must want to live." (Male, age 19)

Historically the *Youth Suicide Prevention Plan* is rooted in efforts of many concerned citizens. These people worked arduously over the past several years to bring the issue of youth suicide into the public purview. Responding to a request from the legislators, the Washington State Department of Health convened the Advisory Council on Youth Suicide Prevention in July, 1994. This representative group of citizens and professionals joined together to develop the *Youth Suicide Prevention Plan*, advancing recommendations made in the Department of Health's *Public Health Improvement Plan*. In council work sessions, prevention strategies were identified, evaluated and prioritized. The research support for strategies was examined in detail. Over 15 focus groups were held state-wide to gather the perspectives of multiple high-risk groups of youth. Thus the plan was molded and shaped, reviewed and critiqued. As a result, it is truly the work of many individuals, pooling their expertise, experience and wisdom.

The Problem of Youth Suicide

We learned that youth suicide has touched the lives of too many of our youth and their families. In Washington, suicide is the second leading cause of death among youth aged 15-24 years. Almost 100 to 120 young people kill themselves each year, an average of two youth suicides each week. Many more attempt suicide.

Comparison of Suicide Rates: WA State & US Rates per 100,000		
<u>Age Groups</u>	<u>Washington 1990-1992</u>	<u>United States 1990</u>
15-19 only	12.8	11.1
20-24 only	18.6	15.1
<i>Both Groups:</i>		
15-24	15.9	13.2

Washington State's youth suicide rate is 10th highest in the US. As shown above, suicide rates (based on the number per 100,000 youth) are remarkably higher than national rates. In Washington:

- suicide is the second leading cause of death among 15-24 year-olds;
- suicide rates are nearly double the homicide rates among our youth;
- 83% of all youth suicides are completed by White males; and
- in a recent state survey, more than 1 of every 10 high school students reported having attempted suicide; approximately 20-25% had seriously considered suicide.

The reasons youth give for seriously considering or attempting suicide are varied: feeling overwhelmed, inadequate and depressed; using alcohol and drugs to deal with their emotions; and experiencing serious family fights. The picture is one of youth in pain. It often fails, however, to capture the extent to which the agony reverberates through their families, friends, school and the larger community.

The statistical picture reflects only a partial view of the problem. The actual extent of youth suicide and suicidal behaviors is underreported and, therefore, unknown. Nevertheless, the trends for the state over more than 10 years warn us that stemming the hopelessness and alienation experienced by our youth cannot be accomplished without an intensified, effective commitment to youth suicide prevention.

But there is reason for hope. We know that prevention does work. With timely and effective interventions in the lives of our young people, we can prevent them from taking their own lives, from attempting to kill themselves.

The picture shows clearly that youth suicide is neither random nor inevitable. Despite the fact that it is a complex problem, involving multiple individual and social factors, youth suicide is preventable. Factors such as depression and substance abuse are key risk factors; whereas family support, social support resources at school, and a sense of personal efficacy protect youth against suicidal thoughts and behaviors. Thus, prevention means risk reduction and resiliency enhancement for all youth. It means specifically targeting high-risk groups and identified suicide-risk individuals.

Prevention Goals

The goals proposed for Washington State's Youth Suicide Prevention Plan focus on preventing suicidal behaviors and on reducing the impact this problem has on all of us. Specifically, the three overall prevention goals are:

1. To prevent both fatal and non-fatal suicidal behaviors among youth aged 15-24 years;
2. To reduce the impact of suicide and suicidal behaviors on individuals, families and communities;
3. To improve access to and availability of appropriate prevention services for vulnerable youth groups and high-risk individuals.

This plan forwards the recommendations made in the Washington State *Public Health Improvement Plan* for preventing youth suicide. It also links with the Family Policy Council's charge to implement the youth violence legislation and with existing plans to decrease violence among our youth via Community Public Health and Safety Networks.

Prevention Benefits

In addition to improving the lives of our youth and their families, suicide prevention benefits the citizens of Washington State by reducing health care costs. In short, prevention saves money. A 50% reduction in our current rates of youth suicide would lead to a savings of approximately 12 million dollars a year in hospital-based health care expenses alone. Because most suicidal youth are not seen in hospitals, this represents only a fraction of the actual savings. For example, it does not take into account emergency room expenses.

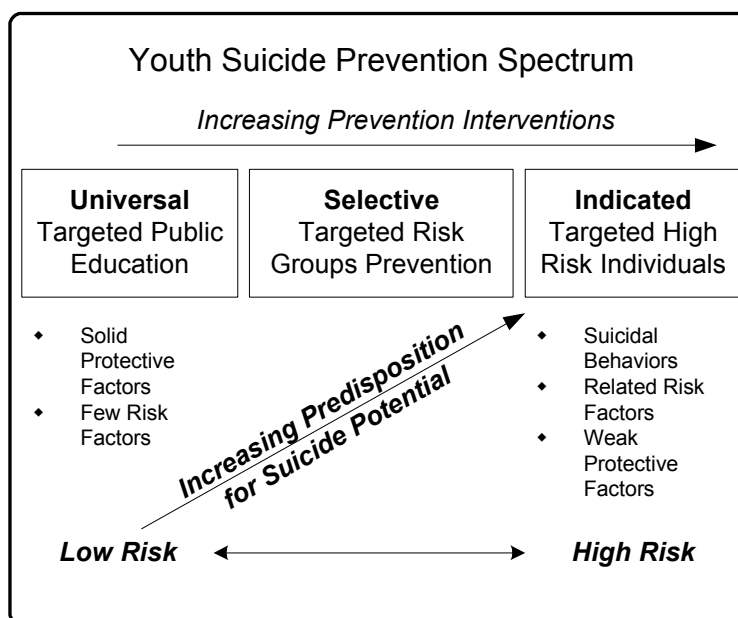
For *every* dollar spent on youth suicide prevention, Washingtonians can expect to save three dollars in direct health care expenses. Additional savings will come from the ripple effects of prevention programs, including reductions in drug and alcohol abuse, depression, and school failure as well as saving families and friends the agony of a youth suicide. Estimates of such savings will sum to billions of dollars.

Organization of the Plan

The *Youth Suicide Prevention Plan* is presented in seven sections; section begins with relevant "Key Facts" and ends with a "Summary." In addition, Section VII provides an overall summary of the full plan.

- *Section I of this Youth Suicide Prevention Plan provides an overview of the scope and nature of the problem.* Data on youth suicide both locally and nationally are summarized; risk and protective factors are identified; groups at high-risk are indicated; and life course developmental issues which place youth at particular risk for suicide are discussed. Finally, the costs to society and the implications for prevention are highlighted.
- *Section II of the plan is organized using a new prevention schema based on a continuum of universal, selective and indicated prevention approaches.* Universal prevention programs target and benefit everyone, selective prevention programs benefit specific high-risk groups, and indicated prevention programs target and benefit identified high-risk individuals.

This prevention schema is illustrated in the *figure below*. The interrelationship among the three components is crucial for two reasons: they are mutually reinforcing and they are designed to avoid potentially negative side-effects when dealing with high risk behaviors such as youth suicide.



- *Section III of the Youth Suicide Prevention Plan features four promising universal prevention approaches; all involve public education.* The goal is to assure that all Washington's citizens have the necessary information and skills to recognize suicide-vulnerable youth, to respond to them in a helpful and supportive manner, and to connect these youth and their families to needed community resources. In this way, universal prevention strategies work to reduce youth suicide rates.
- *Section IV of the plan recommends three promising selective prevention approaches.* Because we know that suicidal behaviors are associated with certain high-risk groups of young people, selective prevention strategies focus specifically on finding these youth and on risk reduction within these groups. Reduction of key risk factors characteristic of the high-risk group are emphasized. Selective prevention works to reduce suicidal behaviors with strategies that develop, enhance and maintain intervention skills and competencies of adults who are in direct day-to-day contact with identified high-risk groups of youth.
- *Section V of the plan details the recommended indicated prevention approaches.* The goal of these interventions is to target and benefit individual youth at high-risk for suicide. These approaches have worked to decrease suicide-risk behaviors and the related risk factors of depression, hopelessness, stress and anger. Simultaneously, they have worked to increase a sense of personal control and social support. By specifically focusing on high-risk individuals and their families, indicated prevention strategies influence reductions in the rates of suicide and suicidal behaviors.
- *Section VI of the Youth Suicide Prevention Plan details the need for a solid program evaluation component and improved state-wide surveillance.* A program evaluation component is needed to determine if the prevention plan is being carried out as designed and to examine, in the long run, the impact of suicide prevention efforts on rates of youth suicides and suicidal behaviors. Improved surveillance data are fundamental for judging prevention needs and for tracking the outcome indicators of suicidal behaviors and completed suicides over the next decades. Our ability to point to the success of Washington's Youth Suicide Prevention Plan requires a mechanism to incorporate program evaluation and surveillance data into a state-wide database for ongoing analysis and reporting.
- *Section VII encapsulates the prevention plan, providing, in brief, the rationale and recommendations for youth suicide prevention in Washington State.* This section also includes summary tables that describe each program component, the target populations, and, importantly, the expected prevention outcomes. It ends with the cost estimates for the plan.

Drawing on all the foregoing perspectives and the strong rationale for an intensified, effective commitment to youth suicide prevention, the Washington State Advisory Council on Youth Suicide Prevention recommends the Universal, Selective and Indicated youth suicide prevention approaches that follow.

Recommended Youth Suicide Prevention Programs and Strategies

INDICATED PREVENTION

- ♦ Skill-building support groups
- ♦ Family support training

SELECTIVE PREVENTION

- ♦ Screening programs with special populations
- ♦ Gatekeeper training; state-wide 1-800 line for consultation and education services
- ♦ Crisis intervention services

UNIVERSAL PREVENTION

- ♦ Statewide public education campaign on suicide prevention
- ♦ School-based educational campaigns for youth and parents
- ♦ Public educational campaign to restrict access to lethal means of suicide
- ♦ Education on media guidelines

EVALUATION AND SURVEILLANCE

- ♦ Evaluation of prevention interventions in each component
- ♦ Surveillance of suicide and suicidal behaviors among youth 15-24 years

The core elements of this prevention plan--the universal, selective and indicated prevention strategies--are directed toward different segments of our communities. That is:

Universal prevention approaches are designed to reach primarily youth 15-24 years, their parents and other adults. Community exposure is expected to be high, reaching 85% or more of the youth and adults in our communities.

Selective intervention programs focus on high risk populations. These efforts are carried out by citizens trained to be prevention agents or "gatekeepers." They are expected to impact the 25-30% of all youth who are *at high risk* for suicide and suicidal behaviors by providing these youth with immediate crisis intervention and indicated prevention as necessary.

Indicated prevention approaches are designed for youth at highest risk for suicide, estimated to be between 10-15% of all youth in Washington. Although these efforts are directed toward youth at high risk for suicide, the interventions include skill-building and social support enhancement that will serve these young people beyond their immediate situation and into adulthood.

1. Universal Community-Wide Youth Suicide Prevention Approaches

- 1.1 A state-wide public education campaign to help the general public, parents of youth, youth in the work force, and youth not working or in school:
 - become aware of the increasing problem of youth suicide and suicidal behaviors;
 - recognize common warning signs of suicidal thoughts and intent;
 - learn how to respond to youth who exhibit these signs;
 - know when and where to go for accurate assessments and professional help.
- 1.2 A school-based education campaign in all high schools and colleges to teach young people the warning signs of suicidal intent, and how to respond to and get help for friends who exhibit these signs. This campaign complements the public education campaign (in 1.1) to achieve the same objectives.
- 1.3 A state-wide public education campaign to reduce access to firearms and other lethal means for suicide, particularly in homes where young persons reside who are at-risk for suicide.
- 1.4 A program to educate the media and health professionals in reporting and interviewing practices related to youth suicides to decrease the likelihood of "contagion effects."

2. Selective Youth Suicide Prevention Approaches for High-Risk Populations

- 2.1 Screening programs with populations of youth known to be at-risk for suicidal behaviors to:
 - identify individual high-risk youth who currently show early signs of suicide-risk; and
 - assess each youth's level of suicide-risk and refer, as needed, to indicated prevention or crisis interventions.
- 2.2 A "Gatekeeper" training program to provide adults working with high-risk populations (e.g., teachers, school counselors and nurses, primary care providers, mental health specialists, clergy, parole officers, tribal leaders) with up-to-date scientific knowledge about effective screening and crisis intervention strategies to:
 - increase skills in using standardized and reliable screening procedures;
 - increase skills in assisting youth to seek help from their parents, other adults in their social networks, and health-care system personnel;
 - increase gatekeepers' competencies in post-suicide interventions to prevent further suicides;
 - sustain the families and Gatekeepers in their "frontline" prevention roles with a state-wide 1-800 number to provide them with consultation and educational services.

- 2.3 A "Gatekeeper" training program to provide peer "Natural Helpers" with knowledge and skills to:
- increase recognition of risk factors associated with youth suicide;
 - increase communication skills with high-risk youth; and
 - increase competencies in connecting high-risk youth with an adult capable of helping.
- 2.4 State-wide crisis intervention services designed to reach out and/or receive youth referred by parents and gatekeepers for suicide prevention.
- 24-hour crisis hotlines to provide suicidal youth with a source of immediate help; and
 - crisis teams in each Regional Support Network.

3. *Indicated Youth Suicide Prevention Approaches for High-Risk Individuals*

- 3.1 High school-based and college-based support/skill-building groups to provide high-risk youth (identified through screening programs and by gatekeepers) with opportunities to:
- increase their network of supportive individuals;
 - learn life-skills in managing moods (e.g., depression and anger), interpersonal communication, decision-making and help-seeking; and thereby
 - decrease suicidal thoughts and behaviors, and known, related risk factors.
- 3.2 Family support training to reinforce and support youths' acquisition of the life skills described above. Such training should enhance their sense and availability of family support and the youths' awareness of this support.

4. *A Program Evaluation and Surveillance Component*

- 4.1 Program evaluation for the universal, selective and indicated prevention programs to:
- assess the implementation of prevention strategies as designed; and
 - determine the relative efficacy of the prevention strategies in decreasing youth suicide and suicidal behaviors.
- 4.2 Improved surveillance of completed suicides, suicide attempts and other suicidal behaviors in youth 15-24 years. This should include formation of a task force to review current reporting procedures of youth suicide and to coordinate standardization.

The ultimate goal of the *Youth Suicide Prevention Plan* is to make a difference in the lives of Washington's youth and families, to provide them with appropriate and timely help, and to prevent youth suicide and suicidal behaviors. Our commitment to youth who are at-risk for suicide must be an "invitation to hope and to life." This will take the concerted effort of us all.

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